



look  
forward to  
retirement!

Iowa Department of Administrative Services  
**Retirement Investors' Club (RIC)**

## Unforeseen Emergency Form

### Non-qualifying Events

The IRS does not allow withdrawals for situations such as the purchase or remodeling of a home, education costs, credit card or loan payments, costs associated with a divorce, or payment of taxes. If your request is *not* based on the need to alleviate any of these debts and sufficient information is included on this form, your request will be considered.

### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (work) \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Even if I am not approved for this withdrawal, **please stop my payroll deductions.** ☐ Yes ☐ No

Number of persons supported in your household \_\_\_\_\_

### IRS Requirements

**1. Income tax withholding** is an automatic 10% Federal / 5% State unless you elect otherwise here:

☐ Do not withhold *Federal* income tax ☐ Do not withhold *State of Iowa* income tax

**2. Strict IRS regulations must be met.** An unforeseeable emergency must have caused severe financial hardship to a participant in order to qualify for a withdrawal. Your request may be considered if the following is true:

- The amount requested to be withdrawn is not in excess of your unforeseeable emergency.
- All distributions available to you have been obtained prior to this request.
- The financial hardship cannot be satisfied by reasonable liquidation of your actual and deemed assets to the extent the liquidation would not itself create an additional immediate and heavy financial need.
- Sufficient funds to satisfy the financial hardship cannot be obtained by borrowing from commercial lenders on

### Total Available Income

### Amount

**3. Current documentation** (examples below) must accompany this application for your request to be considered.

Non-reimbursed medical expense:	Copies of the medical bills or your insurance provider's Explanation of Benefits statements (EOBs) showing the amounts covered and not covered by insurance.
Funeral expenses:	Copy of the bill showing that you are the responsible party and a statement indicating the amount of life insurance coverage carried by the deceased.
Threat of foreclosure or eviction:	Copy of the notice you received from the mortgage company or landlord regarding the eviction or foreclosure proceedings and evidence of balance due.
Property damages not covered by insurance:	Attach copies of receipts showing expenses you have incurred and information from your insurance company showing that the expenses are not covered by your policy.
Loss of wages:	Attach a copy of a recent typical paystub for yourself or your spouse.

### Participant Signature

I agree to the terms and conditions of an unforeseeable emergency withdrawal and certify that the information submitted is true and accurate.

- I certify that the amount requested is not more than the amount necessary to cover my financial hardship.
- I understand a distribution is taxed in the year I receive it.
- I understand that my RIC deferrals must stop for 6 months following an approved withdrawal.
- I understand that approved withdrawals will be paid from my 457 employee contribution account only.
- I understand that if my request is denied and I disagree with the denial, I may submit an appeal (within 30 days) with additional written evidence of qualification or reasons the request should be reconsidered.

**X** \_\_\_\_\_

Signature

Date

### Office Use Only

Acct \_\_\_\_\_ Acct \_\_\_\_\_ Date \_\_\_\_\_  
Provider Amount Provider Amount

Request is ☐ Approved by or ☐ Denied by \_\_\_\_\_ For \$ \_\_\_\_\_ Date \_\_\_\_\_



Total Monthly Household Income	+	
Total Monthly Expenses	-	
<b>Total Available Income</b>	=	

Monthly Expenses	Amount
Mortgage/Rent	+
2nd Mortgage	+
Utilities (electric, gas, water, trash)	+
Telephone (cell, pager)	+
Food	+
Childcare	+
Child Support/Alimony	+
Media connection (cable/satellite/internet)	+
Minimum monthly credit card payments	+
Medical/dental (not covered by insurance)	+
Insurance (car, house, life, etc)	+
Car payment	+
2nd Car Payment	+
Vehicle (gas, maintenance, tags)	+
School	+
Association/membership fees	+
List other monthly payment-	+
List other monthly payment-	+
<b>Total Monthly Expenses</b>	=

Payroll & Additional Income Monthly	Amount
Gross bi-weekly pay (participant)	+
Federal tax withheld	-
State tax withheld	-
FICA withheld	-
Retirement premiums (IPERS)	-
Health premiums	-
Dental premiums	-
Life premiums	-
Flexible spending deductions	-
Union dues	-
Net bi-weekly pay	=
<b>Net Monthly</b> (Net bi-weekly x 2)	=
Extra income (participant)	+
2 <sup>nd</sup> income earner	+
Other income (SS, pension, settlement)	+
Alimony/child support	+
Investment income	+
<b>Total Monthly Household Income</b>	=

Description of Debt to be paid (select reason for request below & attach IRS required documents-see p. 1)			Amount
<input type="checkbox"/> Non-reimbursed medical expense	Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Funeral expenses	Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Threat of foreclosure or eviction	Number of months behind _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Property damage not covered by insurance	Describe: _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Loss of wages	Relationship: <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other _____	<input type="checkbox"/> Documents attached	+
<input type="checkbox"/> Other (describe)	Describe: _____	<input type="checkbox"/> Documents attached	+
<b>Total Amount Needed</b> (to satisfy qualified expenses only)			=

**Please forward this completed form and supporting documentation to:**

**Mail to:** DAS-HRE  
Attn: RIC  
1305 E. Walnut, Level A  
Des Moines IA 50319

**or Fax to:** 515-281-5102

**More Information:** 866-460-4692 (toll-free)  
<http://ric.iowa.gov/distributions/employed>